

EXHIBIT 2
DATE 4/6/11
HB 518

April 5, 2011

In support of HB 518, Mental health advance directive

Dear Chairman Murphy and Members of the Senate Judiciary Committee,

I'm writing in regards to HB 518 for psychiatric advance directives. I whole-heartedly endorse this bill, knowing from personal experience that such an instrument would have been of great value to myself during a period of my life. Having suffered through a psychiatric emergency I know first hand how a person can have full and complete self knowledge of the triggers and symptoms of a mental illness, but once those symptoms appear, the quality of decisions severely erodes.

At the time of my mental illness crisis I was gainfully employed with a well paying job, good benefits, married with a new son. I lost the capacity to make healthy decisions, but not to the extent that I was a danger to myself or others. But as time passed, I became increasingly more self destructive to myself, which eventually led to several hospitalizations, culminating with a stay in the Montana State Hospital for six months. During that time I lost my job, I accumulated tens of thousands of dollars of debt when my health insurance dried up, and my marriage failed.

Now with hindsight and a healthy mind, I know what my warning signs are, and what to do about them. I have a good support system in place to help if a crisis should develop. I lead a healthy, active and involved life. But I want a document in place that will enable my loved ones and health professionals to act on my behalf if I have reached a point of making decisions that will devastate my life and impact the lives of others.

On a practical note, HB 518 will enable individuals to save our communities valuable money in these hard times. If a individual can prevent a hospitalization, or time in jail, these resources can be used more efficiently. My stay at the Montana State Hospital was paid for by the taxpayer, because most people who reach that point are without means to support themselves. But if I had been able to divert myself in that critical time period with an instrument that I had drawn up with my health care team, the State of Montana would not have had to support me at \$500 a day for six months.

I would testify in person, but I have regained my life and all the pleasures that go with it. I'm on vacation! And if you were to run into me, here on the beach, I would bet that you would not be able to recognize the face of mental illness.

I am the face of mental illness. And I want the tools to keep myself healthy. Psychiatric Advance Directives make sense.

Sincerely,
Patrick Wayne
645 S. 1st St. W.
Missoula, MT 59801
406-207-5083

I am Carl Keener, a psychiatrist testifying in favor of passage of House Bill Number 518. I have always tried to treat patients as equals and involve them in treatment decisions. This has often involved discussions which educated me and my patient about our common goals for treatment. This approach has served me well over the years. I like that this bill gives the patient more input into the treatment as well as responsibility for the treatment. This gives the patient more ownership for the treatment process as well as consequences for the treatment outcome. If the patient doesn't reach the goal we set, we can revise and try again. Even psychotic patients can participate to some extent. The bill will make sure I hear and listen to what has worked and what has not worked in the past for the patient. I like this and I like the dignity it extends to a patient. There is nothing in the bill that interferes with existing laws necessary when patients make poor choices or need the force of law to implement proper treatment. Even in such a situation we can hopefully honor significant directives.

Carl L. Keener M.D.

PATHWAYS TREATMENT CENTER

February 16, 2011



I am medical director at Pathways Treatment Center, the psychiatric unit at Kalispell Regional Medical Center and am writing this letter in support of legislation for Psychiatric Advance Directives (PAD).

200 HERITAGE WAY

KALISPELL MT 59901

It is unfortunate but I believe many clinicians have a misunderstanding of PADs and believe they will serve to interfere with, if not block, their ability to treat patients. Research has shown that not to be the case. Rather, by expressing medication preferences and consenting to hospitalization in advance when they might not otherwise meet criteria for involuntary commitment, they have been used by patients as a means of having input to their treatment and avoiding a worsening crisis.

406-756-3950

It should be noted that advance directives do not bind a physician to provide care which does not meet accepted standards of care and provisions are in place which allow for overriding the PAD and providing, if necessary, involuntary treatment.

406-756-3957 FAX

It should be noted the American Psychiatric Association has recognized the use of PADs and has not taken a position against them.

I believe that patients and families in my community can only benefit from this proposed bill. I strongly believe physicians will find, as the research has demonstrated, they have a better working relationship with their patients and this I can only lead to better outcomes and a reduced need for patients to be sent out of the local communities to the state hospital.

I appreciate your consideration of this measure and ask for your support.

Michael M. Newman MD

Medical Director – Pathways Treatment Program

mnewman@krmc.org

ROBERT CALDWELL, M.D.

February 15, 2011

RE: House Bill 518

Chairman Peterson and Members of the House Judiciary Committee

I am a psychiatrist practicing in Helena. I have worked in a variety of settings, including Montana State Hospital, St. Peter's Hospital, and community and private outpatient settings.

I have studied HB 518 and discussed it extensively with Anita Roessmann, attorney for Disability Rights Montana. I believe my questions and potential objections have been answered.

This legislation is intended to address an unsolved problem for mental health patients, i.e. how do individuals with mental illness who are allied with treatment when they are doing well and know that they will resist treatment when they are having recurrent illness, convey their wishes in advance. Many such people know the importance of receiving treatment, but clearly know how their thinking, emotions, and judgement will be affected should a relapse occur. They also know what signs and symptoms will warn of recurrence, as well as the importance of early and decisive intervention. In most cases treatment at the earliest sign of illness can prevent job loss, trauma to families, hospitalization, as well as long, costly periods of convalescence.

I believe this legislation is an honest and well thought out attempt to deal with these issues. I believe that my questions invoking various scenarios of "unintended consequences" have been forthrightly and adequately answered.

I support HB 518 and recommend a "yes" vote.

Robert Caldwell, MD

MHC

Mental Health Center

February 17, 2011

Dear Ms. Roessmann:

South Central Montana Regional Mental Health Center is in support of HB518. We feel that the provision for an Advanced Directive will allow our clients to participate in their treatment choices prior to an acute episode.

An advances Directive can remove the ambiguity a provider may have about what has worked best for a client when he or she is most vulnerable.

We employ therapists and Psychiatrists serving individuals with Mental Illness and feel that HB518 is consistent with the belief that Consumer participation in treatment choices is necessary to build integrity between the consumer and provider.

Bob Ross
Lobbyist
South Central Montana Regional
Mental Health Center